

“FEE ADDRESS” INDICATION FORM

Address to:
Mail Stop M Correspondence
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

- OR -

Fax to: 571-273-6500

INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. When to check the first box below: If you have a Customer Number to represent the fee address. When to check the second box below: If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

Please recognize as the “Fee Address” under the provisions of 37 CFR 1.363 the address associated with the following customer number:

☒ Customer Number

54140

Type Customer Number here

*Place Customer Number
Bar Code Label here*

OR

☐ Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid or patent(s):

PATENT NUMBER (if known)	APPLICATION NUMBER
	09/963,698

(check one)

☐ Applicant/Inventor

☐ Attorney or Agent of Record _____ (Reg. No.)

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☐ Assignment recorded at Reel _____ Frame _____

☒ Attorney or agent under 37 CFR 1.34(a). Registration number
if acting under 37 CFR 1.34(a): 59,603



Signature

Carissa Childs

Typed or printed name

(585) 263-1109

Requester's telephone number

12/9/10

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.